

# Fixed Funding Solutions



# Fixed Funding Solutions



A new  
option for  
Connecticut  
businesses

Insurance premiums have risen dramatically, due, in part, to Affordable Care Act (ACA) requirements. ACA-related taxes and mandatory benefit requirements contribute to the higher costs.

**Enter Fixed Funding Solutions**, a suite of self-funded plans for businesses with five or more employees. These plans aren't subject to all of the ACA requirements, which means companies may see lower rates than they would with traditional fully-insured plans.

## Fully-Insured Plan

An employer contracts with a health insurance carrier that assumes financial responsibility for medical and pharmacy claims. These plans are subject to state mandates and ACA-related taxes.

## Self-Funded Plan

An employer assumes financial responsibility for paying medical and pharmacy claims. The employer may buy additional coverage to protect against large claims.

## Fixed Funding Solutions Plan

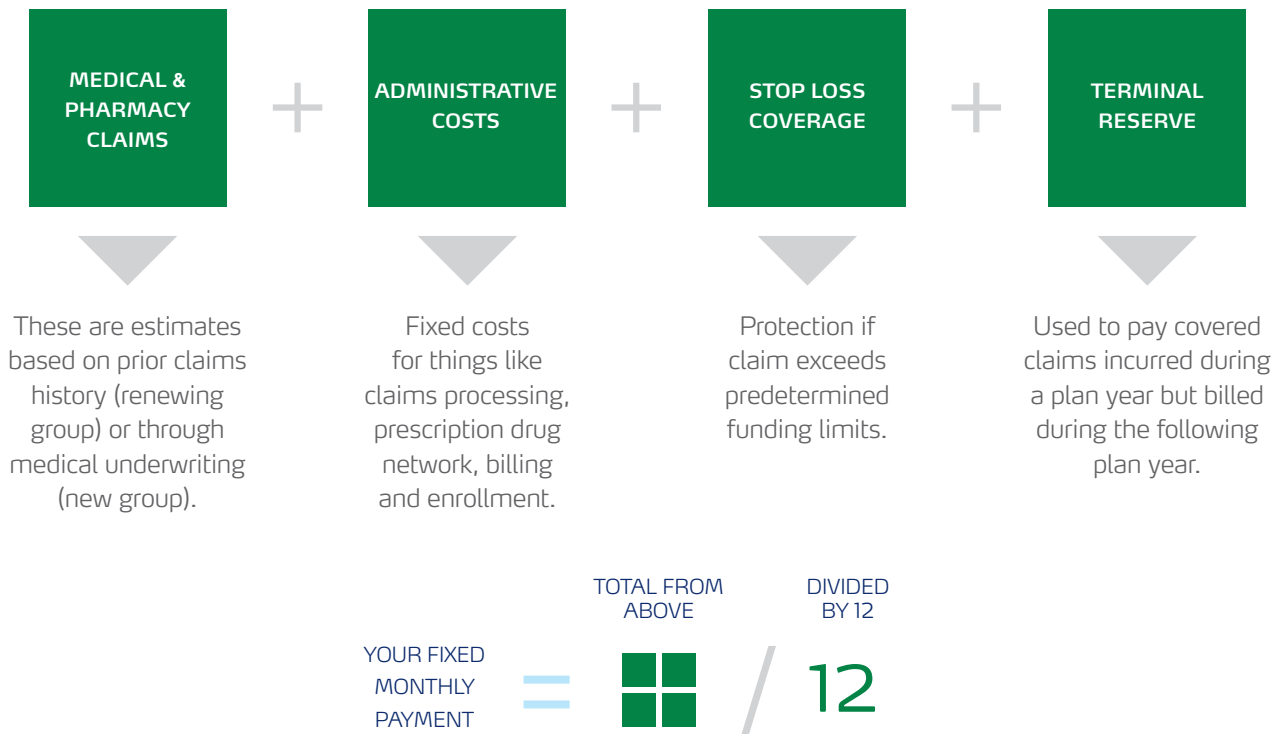
An employer makes a fixed payment each month to fund an account used to pay claims, administrative costs and premiums for additional coverage to protect against large claims.

# Taking a closer look

	FULLY-INSURED PLANS	FIXED FUNDING SOLUTIONS PLANS
Predictable monthly payments	✓	✓
Lower taxes on premiums		✓
Protection from big claims	✓	✓
Freedom from many ACA rules		✓

## Monthly fees without the guesswork

With Fixed Funding Solutions, your fixed monthly payment covers:



Your monthly payment only changes if the number of enrolled employees changes within the plan year or at renewal.

Fixed Funding Solutions plan options

	FlexPOS HSA \$6,800 40%	FlexPOS HSA \$5,000 50%	FlexPOS HSA \$3,000 25%	FlexPOS \$35/\$50 \$4,000 35%	FlexPOS \$30/\$50 \$3,500 20%	FlexPOS \$30/\$50 \$2,000	FlexPOS \$30/\$45 \$500
PLAN/MEDICAL DEDUCTIBLE							
Deductible (Individual/Family)	\$6,800/\$13,600	\$5,000/\$10,000	\$3,000/\$6,000	\$4,000/\$8,000	\$3,500/\$7,000	\$2,000/\$4,000	N/A
Maximum out-of-pocket limit (Individual/Family)	\$7,050/\$14,100	\$6,750/\$13,500	\$6,750/\$13,500	\$7,900/\$15,800	\$7,900/\$15,800	\$5,500/\$11,000	\$5,000/\$10,000
IN-NETWORK MEDICAL BENEFITS							
Preventive care/Screenings/Immunizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary care services	40% after deductible	\$30 copay after deductible	25% coinsurance after deductible	\$35 copay (deductible waived)	\$30 copay (deductible waived)	\$30 copay (deductible waived)	\$30 copay (deductible waived)
Specialist services	40% after deductible	\$50 copay after deductible	25% coinsurance after deductible	\$50 copay (deductible waived)	\$50 copay (deductible waived)	\$50 copay (deductible waived)	\$45 copay (deductible waived)
Vision	20% coinsurance (deductible waived)	\$50 copay (deductible waived)	25% coinsurance (deductible waived)	\$50 copay (deductible waived)	\$50 copay (deductible waived)	\$50 copay (deductible waived)	\$45 copay (deductible waived)
Walk-in/Urgent care center	40% after deductible	\$75 copay after deductible	25% coinsurance after deductible	\$75 copay (deductible waived)	\$75 copay (deductible waived)	\$75 copay (deductible waived)	\$75 copay (deductible waived)
Worldwide emergency coverage*	40% after deductible	50% coinsurance after deductible	25% coinsurance after deductible	35% coinsurance after deductible	\$350 copay (deductible waived)	\$350 copay (deductible waived)	\$150 copay (deductible waived)
Outpatient surgery freestanding	40% after deductible	50% coinsurance after deductible	25% coinsurance after deductible	35% coinsurance (deductible waived)	\$500 copay (deductible waived)	\$500 copay after deductible	\$500 copay (deductible waived)
Hospital outpatient facilities	40% after deductible	50% coinsurance after deductible	25% coinsurance after deductible	35% coinsurance after deductible	20% coinsurance after deductible	\$500 copay after deductible	\$500 copay (deductible waived)
Inpatient hospital coverage	40% after deductible	50% coinsurance after deductible	25% coinsurance after deductible	35% coinsurance after deductible	20% coinsurance after deductible	\$500 copay/day; \$2,500 maximum per admission after deductible	\$500 copay/day; \$2,000 maximum per admission (deductible waived)
Lab services	40% after deductible	\$10 copay after deductible	25% coinsurance after deductible	\$10 copay (deductible waived)	\$10 copay (deductible waived)	\$10 copay (deductible waived)	No charge
X-rays	40% after deductible	\$40 copay after deductible	25% coinsurance after deductible	\$40 copay (deductible waived)	\$40 copay (deductible waived)	\$40 copay (deductible waived)	\$10 copay (deductible waived)
Advanced imaging (CT Scans & MRI)	Freestanding facility: 40% coinsurance after deductible Hospital setting: 40% coinsurance after deductible	Freestanding facility: \$100 copay after deductible Hospital setting: 50% coinsurance after deductible	Freestanding facility: 25% coinsurance after deductible Hospital setting: 25% coinsurance after deductible	Freestanding facility: 35% coinsurance (deductible waived) Hospital setting: 35% coinsurance after deductible	Freestanding facility: \$100 copay up to \$500 (deductible waived) Hospital setting: \$500 copay (deductible waived)	Freestanding facility: \$100 copay up to \$500 (deductible waived) Hospital setting: \$100 copay after deductible	Freestanding facility: \$75 copay up to \$375 (deductible waived) Hospital setting: \$75 copay (deductible waived)
OUT-OF-NETWORK MEDICAL BENEFITS							
Deductible (Individual/Family)	\$10,000/\$20,000	\$10,000/\$20,000	\$6,000/\$12,000	\$8,000/\$16,000	\$7,000/\$14,000	\$4,000/\$8,000	\$4,000/\$8,000
Coinsurance	50%	50%	50%	50%	50%	50%	50%
Maximum out-of-pocket limit (Individual/Family)	\$15,000/\$30,000	\$13,500/\$27,000	\$13,500/\$27,000	\$15,800/\$31,600	\$15,800/\$31,600	\$11,000/\$22,000	\$10,000/\$20,000
PRESCRIPTION DRUG BENEFITS							
Prescription drug deductible (Individual/Family)	Plan has integrated deductible with medical	Plan has integrated deductible with medical	Plan has integrated deductible with medical	N/A	N/A	N/A	N/A
Tier 1 – Preferred generic drugs	\$10 copay after deductible	\$10 copay after deductible	\$10 copay after deductible	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Tier 2 – Non-Preferred generic drugs	50% coinsurance; \$250 maximum per prescription after deductible	50% coinsurance; \$250 maximum per prescription after deductible	50% coinsurance; \$250 maximum per prescription after deductible	50% coinsurance \$250 maximum per prescription	50% coinsurance \$250 maximum per prescription	50% coinsurance \$250 maximum per prescription	50% coinsurance \$250 maximum per prescription
Tier 3 – Preferred brand drugs	\$50 copay after deductible	\$50 copay after deductible	\$50 copay after deductible	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Tier 4 – Non-Preferred brand drugs	50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance \$500 maximum per prescription	50% coinsurance \$500 maximum per prescription	50% coinsurance \$500 maximum per prescription	50% coinsurance \$500 maximum per prescription
Tier 5 – Preferred specialty drugs	50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance \$500 maximum per prescription	50% coinsurance \$500 maximum per prescription	50% coinsurance \$500 maximum per prescription	50% coinsurance \$500 maximum per prescription
Tier 6 – Non-Preferred specialty drugs	50% coinsurance; \$750 maximum per prescription after deductible	50% coinsurance; \$750 maximum per prescription after deductible	50% coinsurance; \$750 maximum per prescription after deductible	50% coinsurance \$750 maximum per prescription	50% coinsurance \$750 maximum per prescription	50% coinsurance \$750 maximum per prescription	50% coinsurance \$750 maximum per prescription

All plans are contract-year.

\*Subject to limitations

# Plan features provide choice and cost savings

## Network

All Fixed Funding Solutions plans use ConnectiCare's FlexPOS network, giving your employees flexibility, with no referrals to see specialists and in-network coverage through:

- Our regional network that includes all of Connecticut and extends into New York, Massachusetts and Rhode Island. In Connecticut, we have EVERY hospital and most of the doctors, too.
- A national provider network that lets your employees get care across the United States.

## Prescription benefits

Fixed Funding Solutions includes two programs through Express Scripts to help lower costs:

- **Smart90**

Enrollees who take maintenance medications make a choice: get a 90-day supply through home delivery or pick up 90-day supplies at a Walgreens or Walgreens-affiliated pharmacy. This means less trips to the pharmacy and money savings — three months' worth of medicine for the cost of two, applicable to HSA-compatible plans once the deductible has been met.

- **ValueRX**

HSA-compatible plans include coverage for generic medicines that treat some common health conditions at a lower cost. There is no cost share for these medicines and they're exempt from the plan deductible.

## HSA management has never been easier

HSA-compatible plans can include a partnership with HealthEquity for HSA management. HealthEquity takes care of all enrollment transactions and member claims so you or your staff don't have to.

All you have to do is elect this benefit; all your employees have to do is sign up.

### GET REWARDED FOR GOOD CLAIMS PERFORMANCE

When your company's claims performance is better than expected in a given plan year, you'll be rewarded with a percentage of the surplus as long as you renew into the Fixed Funding Solutions product suite.

Please note: Surplus sharing is determined after a 90-day claims run-out period.



# Available exclusively through CBIA Health Connections\*

For nearly three decades, CBIA Health Connections has provided Connecticut businesses comprehensive, cost-effective solutions for their employee benefits needs. Fixed Funding Solutions builds on that legacy. In addition to medical benefits, and at no additional cost to your CBIA membership, you get:

- A wide array of group and voluntary non-medical coverage\*\*
- Products for Medicare-eligible employees
- One enrollment form for simple, easy administration and one monthly bill
- CBIA Benefits Hub, an online enrollment and benefits management tool
- Health reimbursement account (HRA) administration
- Administration of Federal COBRA and continuation of coverage
- Access to CBIA's in-house HR advisor
- Superior, personal customer service

► **LEARN MORE AT [CBIA.COM](https://www.cbia.com)**



**Is Fixed Funding  
Solutions right  
for your business?**

Talk to your agent  
and find out.

\*Products may be provided by carriers unaffiliated with ConnectiCare under a direct relationship with CBIA. ConnectiCare is not responsible for such products.

## ConnectiCare and CBIA

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### Working together since 2000

We're two Connecticut-based businesses  
focused on the health of our state and  
the people who live and work here.

When you choose Fixed Funding Solutions,  
you're choosing to work with  
two companies that *know and love*  
Connecticut and its residents.



Administrative services and stop loss coverage are provided by ConnectiCare Insurance Co., Inc. A fixed monthly payment covers estimated claims funding amount, stop loss premium, run-out claims and administrative fees. Contribution, participation and acceptance rules apply. Surplus sharing occurs if the plan is renewed into the Fixed Funding Solutions product suite and total medical costs are less than the medical costs paid out after a 90-day run-out period. This material is for informational purposes only and is neither an offer of coverage nor an invitation to contract. Plans are subject to limitations and exclusions.

# Important information about your plan

Your employer's plan may be different from plans you have had in the past. It is what's called a "self-insured" plan. That means your employer is paying the costs of claims for covered services. ConnectiCare processes claims for payment but is not responsible for costs. Your employer has stop-loss insurance to protect against high-cost claims.

The plan does not cover all the same services as plans where the insurance company is responsible for the costs (called "fully-insured plans"). Here are some examples of differences between your plan and fully-insured plans in the state of Connecticut.

Services or treatment	With a Fixed Funding Solutions plan
Medically necessary psychological, neuropsychological or neurobehavioral testing to assess the extent of any cognitive or developmental delays due to chemotherapy or radiation treatment in a child diagnosed with cancer	Not covered for groups with fewer than 51 employees
Medically necessary anesthesia for the treatment of dental conditions in an outpatient setting	Not covered
Ostomy equipment and supplies	Not covered
Craniofacial disorder treatment	Not covered
<b>Autism services:</b> behavioral therapy; direct or consultative psychiatric and psychological services; physical and occupational therapies; speech and language pathology services; drugs prescribed for treatment of symptoms and comorbidities, even when the drugs may be covered for other diseases and conditions.	Not covered for groups with fewer than 51 employees
Birth to 3 (early intervention services)	Not covered
Hearing aids	Not covered
Infertility services, including prescription drugs for diagnosis or treatment	Not covered
Infant formulas, food supplements, nutritional supplements and enteral nutritional therapy	Not covered
Testing for bone marrow	Not covered
Pediatric dental	Not covered
Pediatric vision	Not covered
Gender reassignment surgery and all related services	Not covered
Routine foot care and treatment	Not covered
TMJ disorders	Not covered

## For more information

Your employer can provide you with a health plan description. In it you'll find more details about services that aren't covered.



Check plan documents for details. The above listing in this section is for informational purposes only and is not an offer of coverage or medical advice. It contains only a partial, general description of certain plan benefits and does not constitute a contract. It is not intended to be an exhaustive comparison of the benefits covered under the plans. While the information presented above was thought to be true at the time the final proposal was presented, it is subject to change without notice. We reserve the right to modify the standard plan designs to respond to the market.



# Smart90 for maintenance medicines

## with Fixed Funding Solutions plans



All plans in the Fixed Funding Solutions suite include the Smart90 program for maintenance medicines. This program requires plan members who are taking maintenance medicines to fill 90-day supplies through the Express Scripts home delivery service or at a participating Walgreens or Walgreens-affiliated pharmacy.\*

Maintenance medicines include drugs such as those used to treat or manage cholesterol, diabetes, and high blood pressure. They may also include prescriptions for birth control and osteoporosis prevention.

### Benefits of the program include:

- Convenience - Medicines delivered right to a member's home — or fewer trips to the pharmacy.
- Better adherence - Easier for members to stay on track with medicines and manage their health.

### Transition support

Plan members on maintenance medicines will receive a letter from Express Scripts explaining the Smart90 program. Members may receive up to two (2) 30-day fills at any in-network retail pharmacy. After that, a member has to get a 90-day supply filled through Express Scripts home delivery or at a Walgreens pharmacy.

Any member who continues to choose 30-day refills will have to pay full retail cost, even at a Walgreens. The cost will not apply to their deductible or out-of-pocket-maximum.

**Contact Express Scripts to sign up for home delivery or find a nearby Walgreens pharmacy.**

**Call: 1-800-369-0675**

**Visit: [express-scripts.com/90day](https://www.express-scripts.com/90day)**



\*Copayments for 90-day supplies will be the same whether filling through Express Scripts home delivery or picking up at a Walgreens or Walgreens-affiliated pharmacy.

Administrative services and stop loss coverage are provided by ConnectiCare Insurance Co., Inc. ConnectiCare's Fixed Funding Solutions suite of products provides businesses the advantages of self-funding with the protections of stop loss insurance and predictable billing. These plans are available exclusively through CBLA Health Connections. ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 1-800-833-8134). ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 1-800-833-8134).

# Value Drug List



Filling prescriptions for these generic drugs may help save you money.\* The drugs in this list treat some common health conditions and treatment categories including: asthma, behavioral health, cholesterol, diabetes, high blood pressure and women's health.

## Anti-Clotting Agents

Clopidogrel	Dipyridamole	Jantoven	Warfarin
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## Asthma

Albuterol inh solution/syrup/tab	Ipratropium/albuterol for neb	Montelukast	
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## Behavioral Health

Citalopram	Fluoxetine		
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## Cholesterol/Triglycerides

Atorvastatin	Gemfibrozil	Lovastatin	Pravastatin
Rosuvastatin	Simvastatin		

## Diabetes

Acarbose	Chlorpropamide	Glimepiride	Glipizide
Glipizide ER / XL	Glipizide-metformin	Glyburide	Glyburide-metformin
Glyburide micro	Metformin* *	Metformin ER* *	Pioglitazone
Repaglinide			

\* \* Osmotic/modified formulations of metformin are excluded.

## High Blood Pressure

### ACE inhibitors

Benazepril	Benazepril w/HCTZ	Captopril	Captopril w/HCTZ
Enalapril	Enalapril w/HCTZ	Fosinopril	Fosinopril w/HCTZ
Lisinopril	Lisinopril w/HCTZ	Moexipril	Moexipril/HCTZ
Perindopril	Quinapril	Quinapril w/HCTZ	Ramipril
Trandolapril			

### ARBs

Irbesartan	Irbesartan/HCTZ	Losartan	Losartan w/HCTZ
Valsartan	Valsartan/HCTZ		

### Beta blockers

Acebutolol	Atenolol	Atenolol/chlorthalidone	Betaxolol
Bisoprolol	Bisoprolol/HCTZ	Carvedilol	Labetolol
Metoprolol	Metoprolol w/HCTZ	Metoprolol XL	Nadolol
Pindolol	Propranolol	Propranol/HCTZ	Propranolol ER
Timolol mal tab			

## High Blood Pressure (cont.)

### Calcium channel blockers

Amlodipine	Amlodipine/atorvastatin	Amlodipine/benazepril	Amlodipine/valsartan/HCTZ
Cartia XT	Diltiazem	Diltiazem 12-HR ER	Diltiazem 24-HR CD
Diltiazem 24-HR ER	Dilt-XR	Felodipine ER	Matzim LA
Nifedipine	Taztia XT	Verapamil	Verapamil ER
Verapamil ER PM	Verapamil SR		

### Diuretics

Chlorothiazide	Chlorthalidone	Hydrochlorothiazide (HCTZ)	Indapamide
Metolazone	Spironolactone	Spironolactone w/HCTZ	Triamterene w/HCTZ caps
Triamterene w/HCTZ tabs			

## Women's Health

### Osteoporosis

Alendronate (Fosamax)	Ibandronate		
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### Prenatal vitamins

Complete Natal DHA	PNV 29-1	PR Natal 400	Prenatabs Rx
Prenatal 19	Prenatal Plus	Select OB	Vinate M
Vitafol OB			

**\* Important to note:** This list applies only to certain plans effective after Jan. 1, 2021. This list doesn't apply if you have a ConnectiCare Medicare Advantage plan or a plan sold through Access Health CT, the state insurance exchange. This list is subject to change.

Whatever plan you have, you can find details about what drugs will cost you in your plan documents. Find your plan documents by signing in to **connecticare.com**. For updated information on drug costs, go to **connecticare.com**.

Questions about your plan? We're here to help.

**1-800-251-7722**

Monday through Friday - 8 a.m. to 8 p.m.

Saturday - 9 a.m. to 2 p.m.

**info@connecticare.com**





## Some medications are free with your plan under the Affordable Care Act (ACA)\*

We want to make it easy for our members to get the care they need. Especially preventive care, which can help prevent health problems from becoming serious.

The federal government decides what medications are most important for preventive health. And we cover those at 100% when you meet certain age and gender requirements; have a prescription from a health care provider (even for over-the-counter, or OTC, medicines); and fill your prescription at an in-network pharmacy.

\*"Free" means that you will not have a copay or have to pay money toward your deductible or coinsurance for the medication. Other rules may apply, including age and gender requirements and frequency limitation rules. Review your plan documents for a list of covered preventive services and medications. The "ACA" designation in the formulary, or drug list, for your plan refers to the Affordable Care Act, also known as Obamacare or health care reform. The ACA requires health plans to cover many preventive care services and drugs without making members pay anything toward their costs. This list is subject to change. For the most up-to-date list of covered drugs, visit the pharmacy section on [connecticare.com](http://connecticare.com).

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## Preventive Medications Covered Under the Affordable Care Act (ACA)

Please note: Generic drug examples are italicized and in lowercase letters.

Brand-name drug examples are not italicized and are in uppercase letters.

**Aspirin** – To prevent cardiovascular disease and colon cancer in men and women, and preeclampsia in pregnant women after 12 weeks gestation who are at high risk.

**Who's covered?** Adults under age 70

**What's covered?** Generic over-the-counter products only, up to 325 mg when prescribed by a physician

**Examples:** *aspirin chewable 81 mg*  
*aspirin enteric coated tablet 325 mg*

**Cholesterol/Statins** – To prevent cardiovascular disease for individuals at high risk.

**Who's covered?** Adults age 40 – 75 with one or more cardiovascular risk factors, such as dyslipidemia, diabetes, hypertension or smoking

**What's covered?** Select generic strengths of low- to moderate-dose statins for primary prevention of cardiovascular disease

**Examples:** *atorvastatin*  
*fluvastatin*  
*lovastatin*  
*pravastatin*  
*rosuvastatin*  
*simvastatin*

**Oral Fluoride** – To prevent cavities in children 6 months through 16 years of age whose water is low in fluoride.

**Who's covered?** Children age 6 months through 16 years

**What's covered?** Generic only (prescription/over-the-counter) single entity and combo products providing up to 1 mg/day when prescribed by a physician

**Examples:** *sodium fluoride chewable tablet 0.25 to 0.5 mg*  
*sodium fluoride solution 0.25 mg to 0.5 mg/ml oral drops*  
*tri-vit with fluoride 0.25 mg to 0.5 mg/ml*

**Folic Acid** – To prevent birth defects in women who are planning and capable of pregnancy.

**Who's covered?** Women through age 50

**What's covered?** Generic only (prescription/over-the-counter) 0.4 mg – 0.8 mg single entity as well as combo products when prescribed by a physician

**Examples:** *folic acid 0.4 mg (400 mcg)*  
*folic acid 0.8 mg (800 mcg)*



## Preventive Medications Covered Under the Affordable Care Act (ACA)

**Smoking Cessation** – To help adults quit tobacco use in order to prevent future health-related issues.

**Who's covered?** Adults 18 years of age and older

**What's covered?** All FDA-approved tobacco cessation products (prescription/over-the-counter) when prescribed by a physician

**Examples:** *bupropion HCL SR 150 mg (ZYBAN 150 mg)*  
*CHANTIX*  
*nicotine 21 mg/24 hr patch*

**Bowel Preps** – Agents used to cleanse the bowel prior to colonoscopy. Colonoscopies screen for colorectal and related cancers.

**Who's covered?** Adults age 50 to 75

**What's covered?** Generic only (prescription/over-the-counter) when prescribed by a physician (limit 2 prescriptions per 365 days)

**Examples:** *gavilyte – h kit*  
*peg 3350 powder*  
*peg-prep kit*

**Immunizations** – To prevent certain illness in people of all ages. Provider must adhere to the FDA/CDC age/frequency/gender guidelines.

<b>Examples:</b> Diphtheria	Measles, Mumps, Rubella (MMR)
Haemophilus Influenzae Type B (Hib)	Meningococcal
Hepatitis A	Pneumococcal
Hepatitis B	Rotavirus
Herpes Zoster (Shingles)	Tetanus-Acellular, Pertussis (DTap)
Human Papillomavirus (HPV)	Tetanus-Diphtheria/Tetanus-Diphtheria Acellular Pertussis (Tdap)
Inactivated Poliovirus (IPV)	Varicella (Chicken Pox)
Influenza (Flu)	

For adult and child & adolescent immunization schedules (for persons aged 0-6 years, 7-18 years and "catch-up schedule"), visit [cdc.gov/vaccines/schedules](https://www.cdc.gov/vaccines/schedules).

**HIV Prep** – To prevent Human Immunodeficiency Virus (HIV).

**Who's covered?** Persons of any age lacking a history of treatment for HIV

**What's covered?** TRUVADA - 200 mg/300 mg dose only

# Preventive Medications Covered Under the Affordable Care Act (ACA)

**Breast Cancer Prevention** – For the primary prevention of women at increased risk of breast cancer.\*

**Who's covered?** "High risk" women 35 years of age and older who meet criteria

**What's covered?** Generic *tamoxifen* and *raloxifene* when prescribed by a physician and clinical criteria are met

\*Requires preauthorization to determine if clinical criteria are met

**Women's Contraception** – For the prevention of pregnancy in women.

The following contraceptives are provided at a zero cost share as mandated by the Affordable Care Act (ACA). Please note that single-source brand\* and multi-source brand\*\* contraceptives are only available at a zero cost share when specific plan requirements are met. The list is subject to change to remain compliant with ACA guidelines.

Members: The terms of your health plan will ultimately determine coverage and cost sharing. For specific questions about your coverage, please call the phone number printed on your ID card.

## Cervical Cap

FEMCAP\*

## Diaphragm

CAYA CONTOURED\*

WIDE SEAL DIAPHRAGM\*

## Emergency

AFTERA\*\*

*econtra ez*

*econtra one-step*

*fallback solo*

*levonorgestrel*

*my choice*

*my way*

*new day*

*next choice*

*opcicon one-step*

*option 2*

PLAN B ONE-STEP\*\*

TAKE ACTION\*\*

## Emergency/progestin blocker

ELLA\*

## Female Condom

FC2 FEMALE CONDOM\*

## Implantable Rod

NEXPLANON\*

## Injection

DEPO-PROVERA\*\*

DEPO-SUBQ PROVERA 104\*

*medroxyprogesterone acetate*

## IUD Copper

PARAGARD T 380-A\*

## IUD/progestin

KYLEENA\*

LILETTA\*

MIRENA\*

SKYLA\*

## Patch

*xulane*

## Spermicide

CONCEPTROL\*

*gynol ii*

VCF FILM\*

VCF FOAM

VCF GEL\*

## Sponge

TODAY CONTRACEPTIVE

SPONGE\*

## Vaginal Ring

ANNOVERA\*

NUVARING\*\*

## Oral Contraceptive – Continuous

*amethia / lo*

*ashlyna*

*camrese / lo*

*daysee*

*fayosim*

*introvale*

*jolessa*

*levonorgestrel-e.e.*

LOSEASONIQUE\*\*

QUARTETTE\*\*

*quasense*

*rivelsa*

SEASONIQUE\*\*

*setlakin*

## Oral Contraceptive – Progestin ONLY

*camila*

*deblitane*

*errin*

*heather*

*incassia*

*jencycla*

*jolivette*

*lyza*

*nora-be*

*norethindrone*

*norlyda*

*norlyroc*

ORTHO MICRONOR\*\*

*sharobel*

SLYND\*

*tulana*

\*Indicates single-source brand product | \*\*Indicates multi-source brand product

# Preventive Medications Covered Under the Affordable Care Act (ACA)

## Women's Contraception – For the prevention of pregnancy in women. (continued)

### Oral Contraceptives – Combined

<i>afirmelle</i>	<i>kalliga</i>	<i>pirmella</i>
<i>altavera</i>	<i>kariva</i>	<i>portia</i>
<i>alyacen</i>	<i>kelnor</i>	<i>previfem</i>
<i>amethyst</i>	<i>kimidess</i>	<i>rajani</i>
<i>apri</i>	<i>kurvelo</i>	<i>reclipsen</i>
<i>aranelle</i>	<i>larin / fe / 24 fe</i>	<i>SAFYRAL**</i>
<i>aubra / eq</i>	<i>larissia</i>	<i>setlakin</i>
<i>aurovelle / fe / fe 24</i>	<i>layolis fe</i>	<i>simliya</i>
<i>aviane</i>	<i>leena</i>	<i>simpesse</i>
<i>ayuna</i>	<i>lessina</i>	<i>sprintec</i>
<i>azurette</i>	<i>levonest</i>	<i>sronyx</i>
<i>balcoltra</i>	<i>levonorgestrel-e.e.</i>	<i>syeda</i>
<i>balziva</i>	<i>levora-28</i>	<i>tarina fe</i>
<i>bekyree</i>	<i>lillow</i>	<i>TAYTULLA*</i>
<i>BEYAZ**</i>	<i>LO LOESTRIN FE*</i>	<i>tilia fe</i>
<i>blisovi fe / 24 fe</i>	<i>LOESTRIN / FE**</i>	<i>tri-estarylla</i>
<i>BREVICON**</i>	<i>lojaimiess</i>	<i>trifemynor</i>
<i>briellyn</i>	<i>lomedica 24 fe</i>	<i>tri-legest fe</i>
<i>caziant</i>	<i>loryna</i>	<i>tri-lynyah</i>
<i>charlotte 24 fe</i>	<i>low-ogestrel</i>	<i>tri-lo-estarylla</i>
<i>chateal / eq</i>	<i>lutera</i>	<i>tri-lo-marzia</i>
<i>cryselle</i>	<i>marlissa</i>	<i>tri-mili</i>
<i>cyclafem</i>	<i>melodetta 24 fe</i>	<i>tri-milli / lo</i>
<i>CYCLESSA**</i>	<i>mibelas 24 fe</i>	<i>trinessa / lo</i>
<i>cyred / eq</i>	<i>microgestin / fe</i>	<i>TRI-NORINYL**</i>
<i>dasetta</i>	<i>microgestin 24 fe**</i>	<i>tri-previfem</i>
<i>delyla</i>	<i>mili</i>	<i>tri- and tri-lo sprintec</i>
<i>desogestrel-e.e.</i>	<i>MINASTRIN 24 FE**</i>	<i>trivora-28</i>
<i>drospirenone-e.e.</i>	<i>MIRCETTE**</i>	<i>tri-vylibra</i>
<i>drospirenone-e.e.-levomef</i>	<i>mono-lynyah</i>	<i>tri-vylibra / lo</i>
<i>elinet</i>	<i>mononessa</i>	<i>TWIRLA*</i>
<i>emoquette</i>	<i>myzilra</i>	<i>TYBLUME*</i>
<i>enpresse</i>	<i>NATAZIA*</i>	<i>tydemy</i>
<i>enskyce</i>	<i>necon</i>	<i>velivet</i>
<i>estarylla</i>	<i>nikki</i>	<i>vestura</i>
<i>ESTROSTEP FE**</i>	<i>norethindrone-e.e.</i>	<i>vienva</i>
<i>ethynodiol-e.e.</i>	<i>norethindrone-e.e. / fe</i>	<i>violele</i>
<i>falmina</i>	<i>norgestimate-e.e.</i>	<i>vyfemla</i>
<i>femynor</i>	<i>norgestrel-e.e.</i>	<i>volnea</i>
<i>gemmily</i>	<i>nortrel</i>	<i>vylibra</i>
<i>GENERESS FE**</i>	<i>norinyl</i>	<i>wera</i>
<i>gianvi</i>	<i>ocella</i>	<i>wymzya fe</i>
<i>gildagia</i>	<i>ogestrel</i>	<i>YASMIN 28**</i>
<i>hailey / fe 24</i>	<i>orsythia</i>	<i>YAZ**</i>
<i>isibloom</i>	<i>ORTHO TRI-CYCLEN / LO**</i>	<i>zarah</i>
<i>juleber</i>	<i>ORTHO-CYCLEN**</i>	<i>zenchent / fe</i>
<i>jaimiess</i>	<i>ORTHO-NOVUM**</i>	<i>zumandimine / lo</i>
<i>junel / fe / fe 24</i>	<i>philith</i>	<i>zovia</i>
<i>kaitlib fe</i>	<i>pimtreea</i>	

### Vaginal Gel

*PHEXXI\**

\*Indicates single-source brand product | \*\*Indicates multi-source brand product

# Health plan guidebook

For members of Fixed Funding Solutions plans



Powered  
by people  
for a  
healthier you

ConnectiCare<sup>®</sup>

# We're here for you

Your employer offers health benefits administered by ConnectiCare. Your coverage is designed to help you (and any covered family members) stay healthy and address the bumps and bruises that life can bring.

To get the most out of your health plan, it helps to know how it works, what it pays for, and where to go for help. Look inside this guide for:

Health plan basics .....	1
Find doctors in your plan's network.....	2
Stay healthy with preventive care - and your plan's rewards program .....	3
Take care of your mental health, too.....	4
Your pharmacy benefits .....	5
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## How to reach us

### BY PHONE

Call us at **1-800-251-7722**  
**(TTY: 711)**  
Monday – Friday, 8 a.m. to 8 p.m.  
Saturday, 9 a.m. to 2 p.m.

### IN PERSON

For hours and locations, and to make an appointment at a ConnectiCare Center, go to [visitconnecticare.com](https://www.visitconnecticare.com) or call **1-877-523-6837**.

### ONLINE

Visit [connecticare.com](https://www.connecticare.com) to look up what your plan covers, view claims activity, and compare costs of treatment or services you may need.

Additional important contact information is on page 10 of this guide. We look forward to serving you!



# Health plan basics

It's important for you to read your **benefit summary** and refer to it often.

Your benefit summary shows what your plan covers and what you may pay for medical care and prescription drugs through deductibles, copayments (or copays), and coinsurance.

Ask your employer for a copy of your summary plan documents or health plan description. Look near the end of this guide, too, for information on services that aren't covered by your employer's plan. Find your benefit summary and helpful health plan tools and information by signing into [connecticare.com](https://connecticare.com). If you don't have an account, it's easy to create one.

## Understanding health plan networks

Your benefit summary refers to your shares of costs for "in-network" and "out-of-network" services. Here's what those terms mean – and how they can affect your choices when you need care:

ConnectiCare and its parent company, EmblemHealth, negotiate the costs of services provided by doctors, hospitals, and other health care providers to our members. Together, those health care providers make up a network.

You benefit from paying negotiated (and discounted) rates for health care from providers in your plan's network.

Your **FlexPOS** plan includes national coverage through the First Health® network and coverage for services both in and out of your plan's network.



### Make sure you have a PCP!

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A PCP is your primary care provider. This is a doctor, or sometimes a nurse or physician's assistant, who knows your health history and performs your annual checkup. Your PCP is also your first call if you feel ill.

### Don't have a PCP?

Visit [connecticare.com](https://connecticare.com) and use "Find a doctor" to find a PCP who is accepting new patients. Then call to make your first appointment. If you need help, call us at **1-800-251-7722** (TTY: 711).

# Find doctors in your plan's network

No matter where you or your covered dependents live, work, or travel, you can find doctors and facilities in your plan's network. First Health® is a national network that you can use when you are outside the service areas of ConnectiCare and its parent company, EmblemHealth.



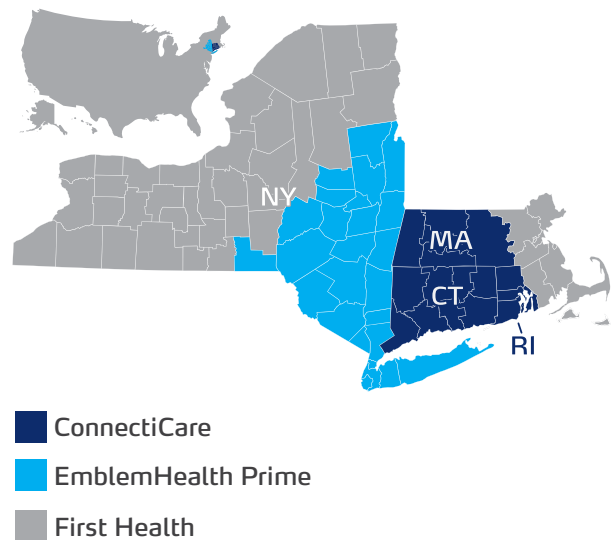
## How to find in-network doctors

Go to "Find a doctor" on [connecticare.com](https://connecticare.com) and answer a few questions about what kind of health care professional you need and that you get your health benefits through your employer. Next, you'll be asked to choose:

- Connecticut and bordering parts of Massachusetts and Rhode Island
- National network, including New York

If you choose the "National network," you'll then be asked to choose the EmblemHealth Prime network for New York or the First Health® network.

- Choose the EmblemHealth Prime network if you are looking for a provider in 28 counties in New York (see map).
- Choose the First Health network if you are looking for a provider anywhere in the United States outside of the ConnectiCare or EmblemHealth Prime networks.



## Tips for visiting a First Health provider

Some may not be familiar with ConnectiCare and say that they do not belong to your plan's network. You can explain that you found them in the provider directory for First Health, an Aetna subsidiary.

They can verify their participation with First Health (through your ConnectiCare plan) by calling **1-866-945-0306**.

# Stay healthy - with preventive care and your rewards program

Some of the most important things you can do for your health are get your preventive care, live healthier with lifestyle changes, and get moving. Your plan includes many preventive care services and a rewards program to encourage healthy activities.

## Earn your rewards!

Your employer's wellness program can help you live healthier with rewards for making good choices. Earn up to \$100 in rewards by doing one, two, or three healthy activities:

- Take an online health assessment: Earn a \$25 dollar reward.\*
- Complete recommended preventive care: Earn a \$25 reward.\*
- Take an online activity challenge and meet a physical activity goal: Earn a \$50 reward.\*

Rewards can be redeemed as e-gift cards to one of hundreds of popular online and retail locations.

Your wellness program is powered by WellSpark Health, a ConnectiCare affiliate. To get started, sign in to [connecticare.com](https://connecticare.com) and click Care Dashboard > My Health. You can also download the WellSpark app. Use registration code "WELLSPARK" the first time you sign in.



## Preventive care is covered

Your plan includes coverage – at no charge to you – of many preventive care services. Those include:

- Annual physical exam and some types of bloodwork
- Mammogram
- Colon cancer screening
- Depression screening
- Flu and other vaccines

Your PCP will recommend the preventive care you need based on your age, gender, and medical history.

\*Wellness rewards are available for subscribers (employees) and eligible spouses and dependents age 18 and older enrolled in this employer's ConnectiCare plan. Members redeem rewards as e-gift cards through the WellSpark website. The maximum reward for each plan member is \$100 per plan year. You have 11 months from the date your plan begins to finish all three steps.

## Take care of your mental health, too

Your plan includes confidential support, information, treatment, and resources to help you with:

- Stressful or challenging situations
- Depression, anxiety, or other mental illness
- Substance use disorder

These benefits are available through Optum® to anyone covered by your employer's plan, even dependents living away from home. Information on your plan's mental health deductible, copays, and coinsurance are in your plan's benefit summary.

### How to get help

- Go to "Find a doctor" on [connecticare.com](https://connecticare.com) to search for mental health facilities and professionals, including counselors, psychiatrists, and social workers.
- Visit [liveandworkwell.com](https://liveandworkwell.com), hosted by Optum. Use your ConnectiCare member ID to sign up for an account. You can search for mental health professionals and facilities.
- Call **1-888-946-4658 (TTY: 711)** 24 hours a day for confidential support and help understanding your options.
- Call the Substance Use Disorder Helpline operated by Optum at **1-855-780-5955 (TTY: 711)**.

**In an emergency, or if you think you may harm yourself, call 911.**



### Virtual mental health visits

You can schedule virtual visits with mental health professionals in your plan's network. Visit [liveandworkwell.com](https://liveandworkwell.com) to find counselors and make appointments. You'll need to register with your ConnectiCare ID number.

## Your pharmacy benefits

Many people take medicines to stay healthy. Or, sometimes you need to fill a prescription because you are sick or hurt.

Your plan's [drug list](#) (also called a formulary) lists all the prescription drugs that are covered and assigns each to a "tier." Your plan's benefit summary has information about what you'll pay for prescription medicines in each tier.

Express Scripts is the company that manages your plan's pharmacy benefit. Use its handy mobile app or website to look up drug prices, order prescriptions and refills, and locate in-network pharmacies.

### Smart90 - Important information if you take maintenance medications

Plan members taking maintenance medicines must fill 90-day supplies through the Express Scripts home delivery service or at a participating Walgreens or Walgreens-affiliated pharmacy.\* This program is called Smart90.

Examples of maintenance medicines are:

- Drugs that treat or help manage cholesterol, diabetes, and high blood pressure.
- Some birth control and osteoporosis prevention medicines.

Call Express Scripts at **1-800-369-0675** or visit [express-scripts.com/90day](https://www.express-scripts.com/90day) to learn more, sign up for home delivery, or find a nearby Walgreens pharmacy.

You will receive information directly from Express Scripts about this program, too.

\*Copayments for 90-day supplies will be the same whether filling through Express Scripts home delivery or picking up at a Walgreens or Walgreens-affiliated pharmacy.



## Register for an account on **connecticare.com**

Sign up for an account on [connecticare.com](https://connecticare.com) as soon as you have your member ID card and number. Then you'll be ready to:

- Tell ConnectiCare who's your primary care provider (PCP).
- Look up your health plan benefit summary.
- Find in-network doctors, walk-in clinics, or urgent care centers.
- Estimate your costs for hundreds of tests and treatments.
- Track what you've spent (and your plan has paid) for medical and pharmacy services.
- Get a copy of your member ID card whenever you need it.

You can also use [connecticare.com](https://connecticare.com) to find information on how to use your plan, stay healthy, save money on health care, and more.



### **Have a health savings account (HSA)**

Members with HSAs through HealthEquity can arrange to pay doctors' bills automatically from their HSA. HealthEquity also has a handy mobile app for checking balances and paying bills from your account. Visit [healthequity.com](https://healthequity.com) for more information.

ConnectiCare provides only health plan coverage, stop loss and administration. HealthEquity provides HSA accounts and administration. The accounts are separate from your health plans. ConnectiCare is not responsible for the administration of any HSA accounts or other financial accounts used in connection with its health coverage products in connection with your employer's health plan.

## Ways to save

You work hard for your money. Here are some tips for getting the most out of what you spend on your health care.

### Stay in-network

Using any of the thousands of doctors and many hospitals and pharmacies in our networks can save you money.

### Take care of yourself

The best way to avoid health problems is to take care of yourself. Take advantage of annual checkups, vaccines, and screenings.

### Use telemedicine

Teladoc®, a well-known name in telemedicine, is included with your health plans.

Visit [teladoc.com/connecticare](https://teladoc.com/connecticare), download the Teladoc mobile app, or call **1-800-835-2362 (TTY: 711)**. (For information on virtual mental health visits, go to page 4.)

### Take advantage of tax savings with a health savings account (HSA)

Enrollment in some employer plans allow you to open and save money tax-free in an HSA. (Your employer will tell you if your plan does.) You can use your HSA funds to pay for qualified health care expenses, including prescriptions.



### Use the extras that don't cost extra

ConnectiCare members get exclusive discounts on eyeglasses and contacts, gym memberships, and health-and-wellness services, like acupuncture and massage. They can also buy pet insurance and get discounts on everyday items, like groceries, as well as major purchases, like cars and vacations. Learn more at [connecticare.com/discountprograms](https://connecticare.com/discountprograms).

## FAQs (and answers)

### **I met my deductible, but I'm still paying for services or prescriptions. Why?**

Check your benefit summary (sign in to [connecticare.com](https://connecticare.com) to get a copy). Your plan may have copayments or coinsurance that you pay even if you've met your deductible. See what "coinsurance" and "copayment" mean on the next page.

### **What do I do if I get married, divorced, have a child, or adopt a child?**

Contact your human resources or benefits department as soon as possible. You have a limited time to make a change to your plan.

### **My doctor's office (or pharmacist) told me that ConnectiCare requires "preauthorization" for a service or a prescription drug. What is that?**

We review doctors' requests for certain services and drugs before we will cover them. This is called "preauthorization," "prior approval," or "prior authorization." It's a step we – like most health plans – take to be sure that a service or drug is medically necessary. We will notify you if we deny the doctor's request and include information on how you can appeal our decision. If you have any questions, please call us.

### **How do I find out what my plan paid my doctor for a visit or test?**

You can use our website, [connecticare.com](https://connecticare.com), to look up the claims your doctors sent to us, what we paid, and what you owe. Just sign in to look up claim statements. These are also called "explanations of benefits," or EOBs. Want to be notified when we've processed a claim? Just sign in to our website, go to your communication preferences, and choose electronic delivery of claim statements.

### **My spouse/child is on my health plan. Why can't I see his/her medical or pharmacy claims?**

This is to protect our members' privacy and security. Members who are age 18 and older can sign in to our website and grant you permission to view claims, if they choose.

### **How do I find doctors and hospitals that I can visit?**

Go to [connecticare.com](https://connecticare.com) and use "Find a doctor" to find doctors, hospitals, urgent care centers, and other health care professionals and facilities that are in your plan's network. If in doubt, you can call us, or ask the doctor's office to confirm that it is in-network for your plan.

## Important information about your plan

Your employer's plan is what's called a "self-insured" plan. That means your employer is paying the costs of claims for covered services. ConnectiCare processes claims for payment but is not responsible for costs. Your employer has stop-loss insurance to protect against high-cost claims.

The plan does not cover all the same services as plans where the insurance company is responsible for the costs (called "fully-insured plans"). Here are some examples of differences between your plan and fully-insured plans in the state of Connecticut.

<b>Services or treatment</b>	<b>With your employer's plan</b>
Medically necessary psychological, neuropsychological or neurobehavioral testing to assess the extent of any cognitive or developmental delays due to chemotherapy or radiation treatment in a child diagnosed with cancer	Not covered for groups with fewer than 51 employees
Medically necessary anesthesia for the treatment of dental conditions in an outpatient setting	Not covered
Ostomy equipment and supplies	Not covered
Craniofacial disorder treatment	Not covered
Autism services: behavioral therapy; direct or consultative psychiatric and psychological services; physical and occupational therapies; speech and language pathology services; drugs prescribed for treatment of symptoms and comorbidities, even when the drugs may be covered for other diseases and conditions.	Not covered for groups with fewer than 51 employees
Birth to 3 (early intervention services)	Not covered
Hearing aids	Not covered
Infertility services, including prescription drugs for diagnosis or treatment	Not covered
Infant formulas, food supplements, nutritional supplements and enteral nutritional therapy	Not covered
Testing for bone marrow	Not covered
Pediatric dental	Not covered
Pediatric vision	Not covered
Gender reassignment surgery and all related services	Not covered
Routine foot care and treatment	Not covered
TMJ disorders	Not covered

Your employer can provide you with a health plan description. In it you'll find more details about services that aren't covered.

The above listing is for informational purposes only. It contains only a partial, general description of certain plan benefits and does not constitute a contract. It is not intended to be an exhaustive comparison of the benefits covered under the plans. This information is subject to change without notice.

## Important contact information

### For questions about or help with:

### Call or visit:

**Benefits, claims, coverage, referrals,  
prescriptions, or general information**

**1-800-251-7722 (TTY: 711)**

Monday – Friday, 8 a.m. to 8 p.m.  
Saturday, 9 a.m. to 2 p.m.

Or visit a ConnectiCare Center.  
Go to [visitconnecticare.com](https://visitconnecticare.com) or  
call **1-877-523-6837** for locations,  
hours, and appointments.

**Mental health, alcohol, and  
substance use services**

**1-888-946-4658 (TTY: 711)**

Call anytime, 24 hours a day.

**Chronic health conditions, help quitting  
smoking, how to find community resources**

**1-800-251-7722 (TTY: 711)**

Contact Member Services and ask to  
be connected to a care manager.

**Prescription drug benefits, where to fill  
prescriptions, how to order home delivery**

**1-800-369-0675**

Contact Express Scripts  
24 hours a day.  
[express-scripts.com/90day](https://express-scripts.com/90day)

**Telemedicine visits (non-emergency)  
from Teladoc**

**1-800-835-2362 (TTY: 711)**

Call anytime, 24 hours a day.  
[teladoc.com/connecticare](https://teladoc.com/connecticare)



### Keep in touch

We share information we think our members will find helpful and informative through our monthly newsletter – sent by email – and on social media. Follow us – and share with your friends, too.



# How we protect your personal information

Protecting the privacy and confidentiality of your personal information is a responsibility that ConnectiCare takes very seriously. Find our Privacy Notice in your plan documents or on our website. You can also call Member Services to ask for a copy.

## Collecting, using, and sharing your personal information to administer your plan

ConnectiCare collects, uses, and shares personal information about you in order to administer your benefit plan, and to provide services to you such as paying claims, and providing health education programs. ConnectiCare may also share your personal information with health care providers to facilitate your treatment, and with other third parties who help us administer your benefit plan. These parties are required to keep your personal information confidential and are prohibited from using this personal information for anything other than administering your health plan. ConnectiCare does not otherwise disclose personal information about you except with your written authorization or as permitted or required by law.

## Safeguarding your personal information

ConnectiCare maintains security standards and processes, including physical, electronic, and procedural safeguards, to protect your personal information. We train our employees about our privacy and security policies and practices, and we limit access to your personal information to authorized persons who need it to provide services and benefits to you.



### Protect your privacy

Beware of anyone who calls and asks you for personal information such as your Social Security, ConnectiCare member, credit or debit card, or bank account numbers. When in doubt about a caller, hang up and call us!



# Eligibility requirements – Connecticut

Subject to your employer's rules, here is a brief summary of who is eligible for membership under your employer's health plan in Connecticut.

## Employees

- With a FlexPOS plan, you do not have to live or work in the service area.

## Spouses

- The spouse of an employee is also eligible for coverage if the employee and spouse are in a legally valid, existing marriage and the spouse resides with the employee, or in the service area.
- A partner under a legally valid civil union recognized by the State of Connecticut who resides with the employee, or in the service area.

## Children

Children under age 26 are eligible if they meet one of the conditions/criteria below. Some plans may end dependent child eligibility if a child age 26 has his/her own employer-sponsored coverage.

- Natural children.
- Adopted children who are legally adopted by the employee and meet the requirements for natural children once the adoption is final. Before the adoption is final, the children are eligible for coverage when you become legally responsible for at least partial support.
- Stepchildren who are natural or adopted children of your spouse, or for whom your spouse is appointed legal guardian.
- Children for whom the employee or spouse are appointed legal guardians.

**Coverage for dependent children will end on the policy anniversary date that is on or after the date the child turns age 26.**

For example, if a dependent turns age 26 in July and the parent's policy renews on Jan. 1, the dependent child is covered until the policy renewal date and the coverage will be terminated on Dec. 31.

**Coverage for handicapped children may be extended beyond the age when it would normally end if the handicapped children meet the following conditions:**

- Reside in the service area or with the employee;
- Are unable to support themselves by working because of a mental or physical handicap as certified by the children's physician;
- Are chiefly dependent on the employee or spouse for support and maintenance due to the mental or physical handicap; and
- Have become and continuously remained handicapped while they would have been eligible for dependent children coverage if they were not disabled.

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## We are here for concerns you may have

When a claim from a practitioner or provider isn't covered by your health plan, you'll receive a claim denial from us, along with an explanation. We'll also tell you if you're responsible for the bill. If you disagree, contact Member Services at **1-800-251-7722 (TTY: 711)**, or you can email us through our secure messaging online at [connecticare.com](https://connecticare.com). If you're still not happy, send us a written statement telling us why you disagree. Include your name and phone number and mail it to: Member Appeals, P.O. Box 4061, Farmington, CT 06034-4061. We'll carefully review your information. We'll talk to any doctors and case managers involved, and we'll make a decision based on their input as well as yours.

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## Language & non-discrimination notice

ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ConnectiCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ConnectiCare:

- Provides free aid and services to people with disabilities to communicate effectively with us, including qualified interpreters and information in alternate formats.
- Provides free language services to people whose primary language is not English, including translated documents and oral interpretation.

If you need these services, contact The Committee for Civil Rights.

If you believe that ConnectiCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: The Committee for Civil Rights, ConnectiCare, 175 Scott Swamp Road, Farmington, CT 06032, Phone: 1-800-251-7722, and TTY: 711. You can file a grievance in person or by mail. If you need help filing a grievance, The Committee for Civil Rights is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-251-7722 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-251-7722 (TTY: 711)。

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-251-7722 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-251-7722 (ATS: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-251-7722 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-251-7722 (телетайп: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-251-7722 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-251-7722 (رقم هاتف الصم والبكم: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-251-7722 (TTY: 711)번으로 전화해 주십시오.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-251-7722 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-251-7722 (TTY: 711) पर कॉल करें।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-251-7722 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-251-7722 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-251-7722 (TTY: 711)។

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-251-7722 (TTY: 711).



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